

STATE OF ARKANSAS DEPARTMENT OF INSURANCE

1200 West Third Street Little Rock, AR 72201-1904 501-371-2600 800-282-9134

APPLICATION TO ESTABLISH AND OPERATE AS A HEALTH BENEFIT PROVIDER

TO THE INSURANCE COMMISSIONER OF ARKANSAS:

Application is hereby made for a **Certificate of Authority** to establish and operate as a Health Benefit Provider in the State of Arkansas.

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a.	Address o	of princip	pal place of business	within A	Arkai	nsass:			
b.	Address a this state	it which will be k	all books, records, a ept.	ccounts,	and	l docui	ments	relating to t	ousir
App	licant is:	()	Individual Propriet	or ()		nership		
		()	Corporation	()	Othe	#I ——	Specify	/
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7.	In addition to operating as a health benefit provider, list any other types of business conducted by the applicant:
8.	Name and address of agent for service or process if applicant is domiciled in Arkansas:
9.	Is applicant presently the subject of any administrative or judicial action by any regular or disciplinary authority in any state?
	Is applicant currently engage in any private litigation?
	If the answer to either question is yes, please give details:
10.	Applicant presently conducts business in the following states:
11.	Has applicant ever been denied admission to conduct business in any state? If yes, what state(s)?
	AFFIDAVIT
Count State	y
	I, the undersigned, being the
	(Title, if a Corporation)
of the swear	(Name of Applicant) , (or affirm), that to the best of my knowledge and belief, the statements contained in this appli-
cation	, including the accompanying statements and documents (if any), are true and complete.
	By:
Subsc	ribed and sworn to before me thisday of , ,
	Notary Public
	Commission Expiration Date

AFFIDAVIT

State	
I,	the undersigned, being the
(Title, if a Corporation	9)
of the	
(Name of Applicant)	
swear, (or affirm), that to the best of my knowledge and bel application, including the accompanying statements and do	lief, the statements contained in this ocuments (if any), are true and complete.
By:	
Subscribed and sworn to before me this day of	1
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	Notary Public